

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number		Filing Date				
							10593088						
							Applicant(s) Pun-Jae Choi						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1					51					
2		1		1				52					
3	1		1					53					
4		3		1				54					
5		3		1				55					
6		3		1				56					
7		3		1				57					
8		3		1				58					
9		3		1				59					
10		3		1				60					
11		3		1				61					
12		3		1				62					
13		3		1				63					
14		3		1				64					
15		3		1				65					
16		3		1				66					
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39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep	2		2		0								
Total Depend	40		14		0								
Total Claims	42		16		0								